

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Quality Assurance and Improvement



QUALITY SERVICE REVIEW
Report for
CENTER FOR LIFE MANAGEMENT

Issued January 6, 2017

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Acknowledgements

The Department of Health and Human Services, Office of Quality Assurance and Improvement (OQAI) acknowledges the significant effort the Center for Life Management (CLM) staff made in order to have the first Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success.

OQAI also thanks the CMHC QSR review team which included five staff from OQAI, four staff from the Bureau of Mental Health Services, one staff from New Hampshire Hospital and one staff from Northern Human Services.

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Acronyms

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CLM	Center for Life Management
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OQAI	Office of Quality Assurance and Improvement
QSR	Quality Service Review
SE	Supported Employment
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

Executive Summary

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a Quality Service Review (QSR) process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following Community Mental Health Agreement (CMHA) priority areas: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE) and transitions from inpatient psychiatric facilities. The CMHA requires that the State conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, OQAI developed a structured assessment using qualitative and quantitative data from client interviews, staff interviews, clinical record reviews and DHHS databases to measure and score the CMHC's achievement of 13 indicators and 46 performance measures that represent best practices regarding the CMHA priority areas.

DHHS conducted the first field test of the CMHC QSR process with the Center for Life Management (CLM) in Derry, NH. The CLM QSR client sample included 20 randomly selected clients, eligible for services under severe mental illness (SMI) or severe and persistent mental illness (SPMI), who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing and transition planning. Assessment data was collected for each client for the period of July 1, 2015 through July 24, 2016. The data was inputted into an algorithm for each measure and indicator. The indicators and performance measures were scored as either "Met" or "Not Met". A CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of clients scoring "Met".

CLM scored "Met" for 10 of the 13 indicators. The following indicators scored "Not Met" and were identified as areas in need of improvement:

Indicator 4: Treatment planning is person-centered

Indicator 6: Individuals on an ACT team receive quality ACT services

Indicator 7: Individuals are provided with services that assist them in finding and maintaining competitive employment

CLM QSR Summary Results

Indicator	Number of Clients Scored	# of Clients with Indicator Met	# of Clients with Indicator Not Met	% of Clients with Indicator Met	Quality Improvement Plan Required	# of Total Measures Scored	# of Total Measures Met	# of Total Measures Not Met
1. Services recommended at intake are delivered as intended	2	2	0	100%	No	4	4	0
2. Individuals have information about the services available to meet their needs/goals	2	2	0	100%	No	4	4	0
3. Individuals are currently receiving the services they need	18	14	4	78%	No	36	32	4
4. Treatment planning is person-centered	18	12	6	67%	Yes	108	86	22
5. Individuals are provided with ACT services when eligible	Indicator 5 was not included in final reporting as the measure did not fully assess the indicator as intended.							
6. Individuals on an ACT team receive quality ACT services	8	3	5	38%	Yes	64	54	10
7. Individuals are provided with services that assist them in finding and maintaining competitive employment	16	8	8	50%	Yes	43	31	12
8. Individuals have housing, receive housing services and supports as planned; housing is safe	18	16	2	89%	No	53	51	2
9. Individuals have stable housing	18	15	3	83%	No	54	47	7
10. Individuals were involved in choosing their homes	18	17	1	94%	No	18	17	1
11. Individuals in crisis are assisted in returning to pre-crisis level of functioning	18	13	5	72%	No	51	43	8
12. Natural supports are explored and identified to help the individual with treatment and recovery	18	13	5	72%	No	36	30	6
13. Transition from inpatient psychiatric unit	5	4	1	80%	No	30	27	3

I. Purpose

In 2014, the State of New Hampshire, the United States Department of Justice and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to enable a class of adults with severe mental illness (SMI) to receive needed services in the community, foster their independence and enable them to participate more fully in community life.

Section VII.C. of the CMHA requires the establishment of a quality assurance system to regularly collect, aggregate and analyze data related to transition efforts, as well as the problems or barriers to serving and/or keeping individuals in the most integrated setting. Such problems or barriers may include, but not be limited to insufficient or inadequate housing, community resources, mental health care, crisis services and supported employment (SE).

As part of the quality assurance system, the state is required to use a Quality Service Review (QSR) to evaluate the quality of services and supports included in the CMHA. Through the QSR process, the State will collect and analyze data to identify strengths and areas for improvement at the individual, provider and system-wide levels; identify gaps and weaknesses, as well as areas of highest demand; to provide information for comprehensive planning, administration and resource-targeting; and to consider whether additional community-based services and supports are necessary to ensure individuals have the opportunity to receive services in the most integrated setting.

The NH Department of Health and Human Services (DHHS), Office of Quality Assurance and Improvement (OQAI) developed a QSR process, in consultation with representatives of the plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following CMHA priority areas: crisis services, assertive community treatment (ACT), housing supports and services, SE and transitions from inpatient psychiatric facilities. The CMHA requires that the State conduct a QSR at least annually.

This report describes the QSR process, methodology, findings, conclusions and recommendations for the Center for Life Management (CLM), which served as the first field test of the CMHC QSR.

II. *Methodology*

To evaluate the quality of services and supports outlined in the CMHA, the OQAI conducted a structured assessment of the services and supports provided to a random sample of CMHC clients. Assessment of the CMHC is focused on 13 indicators and 46 performance measures defined by OQAI that represent best practices regarding the CMHA priority areas of crisis services, ACT, housing supports and services, SE and transitions from inpatient psychiatric facilities. The indicators and performance measures are scored based on the answers to a standardized interview tool used by the QSR review team during an on-site review and data collected from clinical record reviews and DHHS databases. The QSR assessment focuses on the services and supports provided to a random sample of CMHC clients. The quality of the services and supports are assessed based on the data collected for each client during the most recent 12-month period. The data is used to score the indicators and performance measures as either “Met” or “Not Met.” Scores are calculated using an algorithm. The scoring excludes data from clients who received a relevant service or support outside the period of review. A CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of clients scoring “Met.”

Client Sample Size and Composition

The CMHC QSR client sample is drawn from a random selection of 20 adults eligible for services based on the category of SMI or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing and transition planning from an inpatient psychiatric admission. That sample is grouped into one of four categories: 1) *ACT/IPA*: clients receiving ACT services and have had at least one inpatient psychiatric admission (IPA) which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: clients receiving ACT services but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: clients who are not receiving ACT services but have experienced an IPA in the past 12 months; and 4) *No ACT/No*

IPA: clients who are not receiving ACT services and have not experienced an IPA within the past 12 months. For each client, a staff member is selected to be interviewed who is familiar with the client, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC.

Data Sources

The CMHC QSR uses multiple instruments to collect both qualitative and quantitative data from clients and staff during in-person interviews, clinical record reviews, other CMHC records and the DHHS Phoenix and Avatar databases. Appendix 1 includes a list of the CMHC QSR instruments.

Data Analysis

The CMHC QSR scoring framework includes 13 indicators and 46 performance measures that define achievement of the priority areas set forth by the CMHA. Each indicator is defined by a number of specific performance measures. For each client, data relevant to the performance measures is inputted into a scoring algorithm. A performance measure is scored as “Met” or “Not Met” based on a calculation of the data. An indicator is then scored as “Met” or “Not Met” based on a calculation of a combined score of the performance measures. The scores for each client are totaled for each indicator. The total number of clients scored for each performance measure may differ in cases when the performance measure was not applicable to the client or a client and/or a staff member did not answer a question that is relevant to the scoring algorithm. The CMHC is required to submit a quality improvement plan to DHHS when any indicator does not meet the threshold of 70% of clients scoring “Met.”

QSR Process

The CMHC QSR process includes a number of tasks performed by OQAI, Bureau of Mental Health Services (BMHS) and CMHC staff within a proscribed timeframe involving communication, logistics, data entry, data analytics, scheduling, transportation, training, orientation, interviewing and scoring. Pre-requisite tasks and forms are completed by both parties prior to the onsite portion of the QSR. During the onsite review period, daily meetings are held to seek assistance from the CMHC staff, if needed, and to ensure consistent practice and inter-rater reliability among the QSR reviewers. If a reviewer is unable to locate adequate evidence in the CMHC’s clinical record, the reviewer documents that instance as “no evidence.” The CMHC

is given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC is adequate and would result in a response other than “no evidence”. A final meeting is held with CMHC administration and staff to solicit feedback and to address concerns. During the post-onsite period, any follow-up tasks required of the CMHC are completed and OQAI commences scoring.

Report of Findings/Quality Improvement Plans

A report of the draft findings of the CMHC QSR is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for OQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, representatives of the plaintiffs and the Expert Reviewer. The CMHC has 30 calendar days to submit the quality improvement plan to DHHS for review by the BMHS Director. The BMHS Director informs the CMHC if the plan is approved or needs revision. At a minimum, the written response will contain action steps describing how the CMHC plans to improve the identified focus areas, the responsible person(s) and an implementation timeline. Once approved, any changes made to the plan must be approved by the BMHS Director. Oversight of the implementation of the quality improvement plan and any needed technical assistance is provided by BMHS staff.

III. Center for Life Management QSR Findings

Overview

The CLM, located in Derry, NH, served as the site for the first QSR field test. Additional information about CLM is found in Appendix 2: Agency Overview. Of the 268 CLM clients who met the QSR sample criteria, a random sample of 21 eligible clients was drawn from the DHHS database. Table 1 shows the distribution of clients by the four sample categories.

Table 1: Number of participants by category

CATEGORY	FULL SAMPLE		CLIENTS INTERVIEWED	
	Number	Percent	Number	Percent
ACT/IPA	12	4.5%	4	22.2%
ACT/NO IPA	35	13.1%	5	27.8%
NO ACT/IPA	10	3.7%	2	11.1%
NO ACT/NO IPA	211	78.7%	7	38.9%
Total	268	100.0	18	100.0

The CLM QSR assessment included a review of 21 clinical records, 18 client interviews and 21 staff interviews. Of the 21 clients in the sample, three client interviews could not be conducted due to “no show” or a cancellation. Table 2 shows the distribution of interview and review activities.

Table 2: Review Activities

	Number In person	By phone	No show or cancelled	Total
Clients Interviewed	17	1	3	21
Staff Interviewed	21	0	0	21
Clinical Records Reviewed	21	0	0	21

During the week of July 25, 2016, five teams consisting of staff from OQAI and BMHS and a reviewer from Northern Human Services completed the onsite data collection process.

Assessment data was collected for the review period of July 1, 2015 through July 24, 2016. Following the onsite review, the assessment data was transferred to a master document and scored. Analysis of the scores was then completed.

CLM Scores

Indicator 1: Services recommended at intake are delivered as intended

Timeliness of treatment is an essential factor when engaging a person in treatment and for improving client outcomes.

Indicator 1 compares the services recommended at the time of intake/initial assessment to the services actually provided to the individual. CLM received a score of “Met” for Indicator 1 because 100% of the applicable clients that had an intake within the period of review received the services recommended on their intake assessment as planned.

	Met	Not Met
Indicator 1	X	
Measure 1a: Timely initiation of services from date of intake	2	0
Measure 1b: Timely initiation of services on treatment plan	2	0

Indicator 2: Individuals have information about the services available to meet their needs/goals

Providing information about the services available to individuals within the CMHC, as well as through community agencies, that are centered on the individual’s needs and goals in a timely manner indicates whether or not the CMHC has a person-centered orientation to client choice in service options and supports the client in connecting to his or her community.

Indicator 2 assesses whether CMHC clients are informed about the array of services and supports offered by the CMHC, as well by other community agencies, within the past 12 months.

CLM received a score of “Met” for Indicator 2 because 100% of applicable clients were told about services available to them at the CMHC and in the community.

	Met	Not Met
Indicator 2	X	
Measure 2a: Individual was provided with an overall review of services available at the CMHC	2	0
Measure 2b: Individual was provided with an overall review of services available in the community	2	0

Indicator 3: Individuals are currently (most recent quarter) receiving the services they need

Indicator 3 focuses on a review of the most current treatment plan to determine whether clients are receiving the identified services and supports given their current needs and goals. The score

reflects verification that the services on the most recent service plan were provided to the clients according to the date on the service plan and that clients felt they were receiving the services they needed.

CLM received a score of “Met” for Indicator 3 because 78% of clients had documentation verifying that the services identified on the clients’ treatment plans were being provided and clients felt they were receiving the services they needed.

	Met	Not Met
Indicator 3	X	
Measure 3a: The services the individual is receiving are consistent with the individual’s assessed needs as recorded on the current ISP/treatment plan	17	1
Measure 3b: The individual feels he/she is receiving all of the services he/she needs	15	3

Indicator 4: Treatment planning is person-centered

Clients should be full participants in the development and implementation of their treatment plans.

Indicator 4 evaluates whether the treatment planning process is strengths-based, individualized and engages the client.

CLM received a score of “Not Met” because 67% of clients experienced person-centered treatment planning, as defined by measures 4a-4f.

	Met	Not Met
Indicator 4		X
Measure 4a: The individual was given a choice in the method by which his/her individual service plan was developed	12	6
Measure 4b: The individual attended their ISP/treatment plan meetings	14	4
Measure 4c: The client signed his/her most recent ISP/treatment plan	14	4
Measure 4d: Evidence in the ISP/treatment plan of the individual’s strengths	14	4
Measure 4e: Individual was involved in identifying his/her goals in the ISP/treatment plan	15	3
Measure 4f: The ISP/treatment plan is understood by the individual	17	1

Indicator 5: Individuals are provided with Assertive Community Treatment (ACT) Services

Indicator 5 was not included in the final data reporting for CLM as the measure did not fully assess the indicator as intended.

Indicator 6: Individuals on an ACT team receive quality ACT services

ACT is an evidence-based service delivery model designed to provide multi-disciplinary treatment and supports in the community to adults who need more flexible and adaptive services than traditional outpatient office-based services.

Indicator 6 measures whether individuals on an ACT team are receiving quality ACT services, defined by timely services being provided in the community, using a team approach and that address the clients' treatment needs and support their recovery.

CLM received a score of "Not Met" for Indicator 6 because 38% of applicable clients did not receive quality ACT services, as defined by measures 6a-6h.

	Met	Not Met
Indicator 6		X
Measure 6a: The individual's ACT services are provided using a team approach	2	6
Measure 6b: Initiation of ACT services is not delayed	8	0
Measure 6c: ACT services address the individual's treatment needs and support recovery	6	2
Measure 6d: ACT team collaborates with other community providers (including law enforcement, health providers, etc.) on behalf of the individual	8	0
Measure 6e: Individuals receiving ACT services have multi-staff contacts	8	0
Measure 6f: A number of different services are provided by the ACT team	8	0
Measure 6g: ACT services take place outside of the CMHC	6	2
Measure 6h: ACT services are provided with appropriate frequency	8	0

Indicator 7: Individuals are provided with services that assist them in finding and maintaining competitive employment

Employment services are designed to help people with mental illness find and keep meaningful jobs in the community. Services include providing individualized assistance in job development,

case management, benefits counseling and exploring transportation needs. All clients who want to work are eligible for supported employment services. Obtaining and maintaining access to job opportunities supports community integration and independence. A component of employment services is Supported Employment, an evidence-based practice.

Indicator 7 measures whether individuals are assessed for employment needs, and for those seeking employment, whether they are provided with services that assist them in finding and maintaining employment and whether they are satisfied with the services they receive.

CLM received a score of “Not Met” for Indicator 7 because 50% of applicable clients were assessed for employment needs, received help in finding or maintaining employment upon expressing interest and reported services being helpful to meeting their employment goals.

	Met	Not Met
Indicator 7		X
Measure 7a: Individuals are assessed for employment needs	15	1
Measure 7b: Individuals received help in finding and maintaining a job	9	5
Measure 7c: Employment related services have been beneficial to the individual's employment goals	7	6

Indicators 8, 9 and 10 assess housing type, stability and choice. The U.S. Department of Justice (DOJ) interprets the Americans With Disabilities Act's anti-discriminatory provision as follows: “A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities,” meaning “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible”¹. Access to housing that is safe and affordable, along with choice and the supports necessary to maintain housing, are an important dimension of increased independence, community integration, health and quality of life.

Indicator 8: Individuals have housing, receive housing services and supports as planned and have safe housing

Indicator 8 evaluates whether the client has housing (is not homeless), whether they are receiving housing services as planned and whether they feel safe in their homes and neighborhoods.

CLM received a score of “Met” for Indicator 8 because 89% of applicable clients have housing, receive housing services as planned and feel safe in their home and neighborhood.

	Met	Not Met
Indicator 8	X	
Measure 8a: The individual has housing	16	2
Measure 8b: The individual receives supported housing services as planned	17	0
Measure 8c: The individual feels safe where he/she lives	18	0

Indicator 9: Individuals have stable housing

Indicator 9 measures stable housing as indicated by housing that is affordable, frequency of moves and risk of losing housing.

CLM received a score of “Met” for Indicator 9 because 83% of clients have lived in two or fewer different residences in the past 12 months and/or have not been at risk of losing their housing in the past 12 months due to financial or other reasons.

	Met	Not Met
Indicator 9	X	
Measure 9a: The individual’s housing is affordable	17	1
Measure 9b: The individual has lived in two or fewer residences in the past year	16	2
Measure 9c: The individual is not at risk of losing housing	14	4

Outcome 10: Individuals were involved in choosing their homes

Indicator 10 measures whether clients were involved in choosing where they live.

CLM received a score of “Met” for Indicator 10 because 94% of clients were involved in choosing where they live.

	Met	Not Met
Indicator 10	X	
Measure 10a: The individual is involved in choosing his/her home	17	1

Indicator 11: Individuals in crisis are assisted in returning to pre-crisis level of functioning

Crises have a profound impact on persons living with severe mental illness². Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, the criminal justice system and increase community tenure.

Indicator 11 evaluates whether individuals have crisis plans and if crisis services were accessed in the past 12 months, whether those services were effective, as defined by being helpful in returning clients to pre-crisis level of functioning and/or clients being satisfied with the services they received and/or clients were able to return to or continue to participate in the services and supports identified in their treatment plan.

CLM received a score of “Met” for Indicator 11 because 72% of applicable clients have crisis plans and/or know how to access crisis services and/or found crisis services to be effective.

	Met	Not Met
Indicator 11	X	
Measure 11a: Individuals have appropriate crisis plans	16	2
Measure 11b: Individuals know how to access crisis services	14	4
Measure 11c: The individual received effective crisis services	13	2

Indicator 12: Natural supports are explored and identified to help the individual with treatment and recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies social networks and community relationships as a key contribution to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population.³ Natural supports may include family, friends, neighbors, as well as informal resources such as staff at recreation centers, hair stylists and clergy.

Indicator 12 assesses the identification of a client’s natural support system to help with treatment and recovery.

CLM received a score of “Met” for Indicator 12 because 72% of clients explored natural supports with CMHC staff and/or identified natural supports to help with their treatment and recovery.

	Met	Not Met
Indicator 12	X	
Measure 12a: Natural supports are explored	15	3
Measure 12b: Natural supports are identified	15	3

Indicator 13: Individuals experienced successful transitions to the community from NH Hospital (NHH) or a Designated Receiving Facility (DRF) within the past year

Per the CMHA, the QSR process collects and evaluates information related to unsuccessful transitions as well as problems/ barriers to serving and/or keeping individuals in the most integrated setting (CMHA, VII.c.1). These barriers or gaps in the mental health delivery system are inter-related with other QSR indicators regarding housing, community treatments, crisis services and employment services.

Indicator 13 measures whether individuals experienced a successful transition to the community from NHH or a DRF within the past 12 months, as defined by measures 13a-13g.

CLM received a score of “Met” for Indicator 13 because 80% of applicable clients experienced continuity with the CMHC during transition and were involved in their transition planning, as well as maintained communication between CLM and the inpatient psychiatric unit and/or: a) transitioned to appropriate housing; b) maintained contact with natural supports; c) maintained or re-instated needed health and financial benefits.

	Met	Not Met
Indicator 13		
Measure 13a: Continuity with CMHC	5	0
Measure 13b: Individuals are involved in their transition planning from NHH/a DRF into the Community	5	0
Measure 13c: Communication between CMHC and NHH/DRF	4	1
Measure 13d: The individual transitioned to appropriate housing	5	0
Measure 13e: Individuals have maintained connections with natural supports	4	1
Measure 13f: Individuals have maintained employment upon discharge	0	0
Measure 13g: Individuals' health benefits and financial benefits were maintained and/or reinstated for their transition home	4	1

IV. Additional Results

During the client and staff interviews, explanations and information was provided regarding interview responses. The following reflections are offered based on those comments:

1. Clients noted that participation in their treatment planning most often involved talking with staff and not reviewing a written plan.
2. Not all clients understood the term “crisis plan”, “strengths” and “support system.”
3. Clients noted that frequent turnover of CLM staff was disruptive to their treatment.

During the exit meeting with CLM staff, feedback on the QSR process was provided. Concerns voiced by CLM staff included: the sample size of 20 created a lot of work, the sample of client names provided included inaccurate identification of some clients, (i.e., not all in the ACT category were current ACT clients) and the staff time and equipment needed to prepare for and host the QSR created a financial burden for CLM.

V. Conclusions

CLM scored “Met” for 10 of the 13 indicators identified in the CMHC QSR. Indicators that were scored as “Not Met” include Indicator 4: Treatment planning is person-centered, Indicator 6: Individuals on an ACT team receive quality ACT services and Indicator 7: Individuals are provided with services that assist them in finding and maintaining competitive employment.

Based on the QSR assessment, the following focus areas are recommended for incremental improvement over the next year:

1. *Increase the documentation of clients being provided a choice in method of ISP development per He-M 401.10(d) (Indicator 4, Measure 4a).* Assessment data indicated that of the 18 clients reviewed, six clients had insufficient evidence of being provided a choice in the method of their individual service plan development per NH DHHS Administrative Rule He-M 401.10(d).
2. *Increase the documentation of Peer Specialist involvement with clients on ACT teams (Indicator 6, Measure 6a).* Assessment data indicated that of the 8 clients reviewed, there was no documentation of services being provided by a peer support specialist (Clinical Record Review Q37).
3. *Increase the number of clients who receive employment services when determined to have employment goals (Indicator 7, Measure 7b).* Assessment data indicated that the 8 clients who were assessed for employment needs and expressed an interest in finding a job either did not receive employment services or reported that the services they received did not help them achieve their employment goals.

VI. CLM Response to Initial QSR Report

During the 15-day review period, CLM reviewed the records of the 18 sampled clients as an internal audit to replicate the findings of the three identified focus areas: Indicator 4, Measure 4a; Indicator 6, Measure 6a; and Indicator 7, Measure 7b, and submitted their findings as a response incorporated into the body of the initial QSR report. The response included subsequent action steps and responsible persons identified. CLM's response was provided back to OQAI on December 20, 2016.

VII. Next Steps

Within 30 days of receipt of this final QSR report, CLM may submit a written quality improvement plan to the BMHS Director. This could be in the form of the response described above.

VIII. QSR Quality Improvement

DHHS is using the observations made during the QSR field test and the feedback received by CML and OQAI staff to strengthen the QSR design and improve the QSR process. This includes assessment and validation of the QSR measures and subsequent improvements to the QSR instruments to objectively support and inform the implementation of CMHA priority service areas. In addition, staff from OQAI and BMHS are using Lean process improvement methods and tools to improve the efficiency of the QSR process itself.

References

1. 28 C.F.R., Part 35, Section 130 and Appendix A
2. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”, Rockville, Maryland, SAMHSA 2009
3. Temple University Collaborative on Community Inclusion, “ Natural Supports”, http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/relationships_family_friends_intimacy/Natural_Supports.pdf

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the onsite portion of the QSR for each client scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), ACT, SE, CMHC crisis services contacts, legal involvement, accommodation(s) needed, guardian status and information for reviewers to know that will help make the interview successful.

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the onsite portion of the QSR for each client scheduled to be interviewed. It provides information on the frequency of services provided to each client including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital (NHH) or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

The CMHC Profile is completed by the CMHC prior to the start of the onsite review portion of the QSR. The profile provides information that helps the QSR reviewers become familiar with the CMHC and contributes to the final CMHC QSR report. The profile includes descriptive information about the services the CMHC offers to eligible adults including evidence based services, crisis services, available community supports, general practices and staffing information.

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team during the onsite portion of the QSR for each client scheduled to be interviewed. It includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the onsite portion of the QSR for each client interviewed. A client may be accompanied by his/her guardian or someone else that the client has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites clients to share additional information about their experiences at the CMHC and the services they received.

6. Staff Interview Instrument (SII)

For each client interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the client, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites staff to share additional information regarding the CMHC and the services provided to the client.

Appendix 2: Agency Overview

The Center for Life Management (CLM) has been a community mental health center under contract with the Department of Health and Human Services (DHHS) for several decades. It is approved from September 1, 2015 through August 31, 2020 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403. CLM is designated as a CMHP for Region 10, which encompasses the following 11 cities and towns: Atkinson, Chester, Danville, Derry, Hampstead, Newton, Pelham, Plaistow, Salem, Sandown and Windham. CLM has office locations in Derry and Salem. Based on DHHS data for state fiscal year 2016, CLM's unduplicated count of adults by eligibility categories was: 28 low utilizers, 280 with severe mental illness (SMI) and 468 with severe and persistent mental illness (SPMI). CLM's catchment area includes the population of adults age 18 and older as of the US Census 2010-2014 5-year Estimates was 101,932.

CLM provides a comprehensive array of mental health services and substance use services for children, adults and families including medication services, a full service pharmacy at its Derry location, crisis services, Referral Education Assistance and Prevention (known as REAP), Driving While Intoxicated aftercare, veterans services, Transcranial Magnetic Stimulation therapy and Reiki. Evidence-based treatment includes InSHAPE, Supported Employment, Illness Management and Recovery, Trauma-Focused Cognitive Behavioral Therapy, Integrated Dual Diagnosis Treatment, Dialectical Behavior Therapy and Assertive Community Treatment teams for adults as well as youth ages sixteen to twenty. CLM is considering the implementation of a First Psychotic Break evidence-based treatment program.

Parkland Medical Center located in Derry is the closest hospital serving the CLM catchment area and has a 14 bed adult psychiatric unit. CLM contracts with Parkland Medical Center to provide crisis services.